

**SOUTH CAROLINA MANUFACTURED HOUSING BOARD  
RETAIL SALESPERSON/MULTI-LOT SALESPERSON  
APPLICATION INSTRUCTIONS**

1. Application must be typed or printed in black or blue ink only.
2. All sections must be completed and all questions must be answered.
3. Application must be signed and notarized.
4. There will be mandatory training for new salesperson/multi-lot salespersons. The approved training provider is the South Carolina Manufactured Housing Academy 1-888-315-4539.
5. An examination must be completed through PSI Examination Services (800) 733-9267 Fax (818) 247-3853, <http://www.psiexams.com>.

PSI Examination Services  
100 West Broadway, Suite 11100  
Glendale, CA 91210

6. Surety Bond in the amount of \$15,000 made payable to South Carolina Manufactured Housing Board.
7. SLED background check 803-896-2019 or [www.sled.sc.gov](http://www.sled.sc.gov)
8. A criminal background check for every state of residence for past seven (7) years.
9. Once applicant has taken and passed the examination please mail a check or money order made payable to the Manufactured Housing Board in the amount of 50.00 for salesperson and \$100.00 for multi-lot salesperson, a completed salesperson/multi-lot salesperson license application, PSI Score Report, training certificate, sled report, and surety bond to the following address:

South Carolina Manufactured Housing Board  
Synergy Office Park  
110 Centerview Drive Kingtree Building  
PO Box 11329  
Columbia, South Carolina 29211-1329

**THIS APPLICATION IS TO BE FILLED OUT BY  
SALESPERSONS OR MULTI-LOT SALESPERSONS ONLY.  
INCOMPLETE APPLICATIONS WILL BE RETURNED!  
SOUTH CAROLINA MANUFACTURED HOUSING BOARD  
RETAIL SALESPERSON/MULTI-LOT SALESPERSON APPLICATION**

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION  
SYNERGY OFFICE PARK  
110 CENTERVIEW DRIVE, KINGSTREE BUILDING SUITE 102**

**THIS APPLICATION IS FOR NEW APPLICANTS ONLY.  
DO NOT USE FOR UPDATES AND RENEWALS**

SOUTH CAROLINA MANUFACTURED HOUSING NEW RETAIL SALESPERSON/MULTI-LOT  
SALESPERSON INSTRUCTIONS AND APPLICATION  
Document #120

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Post Office Box 11329  
Columbia, South Carolina 29211

Fees:

For Office Use Only:

___ Retail Salesperson	\$50.00
___ Multi-Lot Salesperson	\$100.00

Fy: \_\_\_\_\_  
License No: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_  
Imaging Code: \_\_\_\_\_

1. Name \_\_\_\_\_  
(Last) (First) (Middle)
2. Residence \_\_\_\_\_  
(Street, Highway, etc.) (City/State) (Zip)
3. Mailing Address \_\_\_\_\_  
(P.O. Box, Drawer, etc.) (City/State) (Zip)
4. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_
5. Are you a United States citizen or legal permanent resident eighteen years of age or older?  
Yes \_\_\_ No \_\_\_
6. If you answered no, are you a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States? Yes \_\_\_ No \_\_\_
7. Principal Dealer/Employer \_\_\_\_\_
8. Principal Dealer Mailing Address: \_\_\_\_\_  
(P.O. Box, Drawer, etc.) (City/State) (Zip)
9. Principal Dealer Physical Address: \_\_\_\_\_  
(Street, Highway, etc.) (City/State) (Zip)
10. List all the dealer lot locations in which applicant will be assigned: (THIS QUESTION ONLY APPLIES TO MULTI-LOT SALESPERSONS)  
1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_  
Check here if there is a separate sheet with the dealer lot locations attached: \_\_\_\_\_
11. Telephone Home(\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_
12. List Employer Name(s) and address(es) and Position(s) held by the applicant for the past seven (7) years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Check here if there is a separate sheet attached listing past seven (7) years history: \_\_\_\_\_  
10A. Termination Date: \_\_\_\_\_  
10B. Reason for Termination: \_\_\_\_\_

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Personal information provided in this application may be subject to public scrutiny or release under the South Carolina Freedom of Information Act or other provisions of federal and state law.

13. Has applicant been previously licensed by this Board? Yes \_\_\_\_\_ No \_\_\_\_\_. (If yes, provide license number, and reason license is not current i.e. -Revoked, Lapsed, Suspended, Canceled, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
14. Is this applicant currently or ever been licensed by another regulatory agency in South Carolina? Yes \_\_\_\_\_ No \_\_\_\_\_. (If yes, give name of agency, effective and Expiration dates of license. If license is no longer in effect, give reason why.):  
\_\_\_\_\_  
\_\_\_\_\_
15. Is applicant currently or ever been licensed by another regulatory agency in another state? Yes \_\_\_\_\_ No \_\_\_\_\_. (If yes, give name of agency, effective and expiration dates of license. If license is no longer in effect, give reason why.):  
\_\_\_\_\_  
\_\_\_\_\_
16. Has applicant within the past seven(7) years been found guilty, pleaded guilty or entered a plea of nolo contendere in this or any other state for forgery, fraud, embezzlement, obtaining money under false pretenses, extortion, conspiracy to defraud, bribery, any other crime involving moral turpitude, or been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, give details. Use a separate sheet if needed.)  
\_\_\_\_\_  
\_\_\_\_\_
17. Has applicant maintained a residence or street address in South Carolina for at least thirty (30) days before the date of this application? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice \_\_\_\_\_ in South Carolina.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

*Seal required here*

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## AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

### **Section A: LAWFUL PRESENCE in the United States.**

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. \_\_\_\_ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. \_\_\_\_ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. \_\_\_\_ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b. \_\_\_\_ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. \_\_\_\_ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. \_\_\_\_ I am a US citizen, not physically present or employed in the United States.
  - b. \_\_\_\_ I am a Foreign National, not physically present or employed in the United States.

*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- ☐ A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- ☐ A valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit. State: \_\_\_\_\_; Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.
- ☐ Permanent Resident Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.
- ☐ Employment Authorization Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- ☐ Certificate of Naturalization with intact photo.
- ☐ Certificate of (US) Citizenship with intact photo.
- ☐ Other: (Name of verifiable document) \_\_\_\_\_

2. Enter the state or the federal agency name where the secure and verifiable document(s) was issued.

\_\_\_\_\_  
(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Include a copy of the card with the Affidavit)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

*The South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

06/28/12 Affidavit of Eligibility  
10/05/12 Revised